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Policy Number: 3-1  
Goals & Objectives  
Effective/Revised Date: October 1, 2009

**Title:** Program Goals and Objectives

**Purpose**

This section provides a description of the State Agency operational goals and objectives of the Special Supplemental Nutrition Program for Women, Infants and Children in accordance with Federal Regulations.

**Authority**

246.4(a)(1)

**Policy**

The State Agency is the administrative designee of USDA for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) under the Department of Public Health and Human Services (DPHHS) in Montana. The State Agency will set goals and objectives for improving Program operations.

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**I. 2010 Program Goals and Objectives**

- A. Ensure that pregnant, breastfeeding and postpartum women, infants and children from financially qualifying families who are at nutritional risk have expedient access to quality WIC services.
  - 1. Caseload Management Plan Objectives
    - a. Update and revise the caseload management plan to determine supportable caseload levels.

<b>OBJECTIVE</b>	<b>COMPLETE BY</b>
Implement local and state wide targeted outreach projects.	Aug. 2009
Outreach letter to food stamp participants with children	Aug. 2009
Evaluate statewide monthly caseload and forecast expected level for three-year period.	On-going
Evaluate targeted Outreach Projects through out the State.	On-going

- 2. Program Plan Objectives

- a. Program enhancement within Family and Community Health Bureau.

<b>OBJECTIVE</b>	<b>COMPLETE BY</b>
Define and develop a training plan for state office staff.	Sept. 2010
Continue evaluation of WIC regionalization and clinic size/location with the support of the WIC Futures Study Group	Sept. 2010
Coordinate training activities with other Maternal and Child Health programs.	On going
Participate in the Family & Community Health Bureau Strategic Planning sessions.	May 2009
Sept. 2010	

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Cooperate and assist with Family & Community Health Bureau Dental Health goals.	On going
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3. Food Package Implementation Objectives.

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
Review and evaluate new food packages	June 2010
Implement new food packages in conjunction with SPIRIT system.	Oct. 2010

4. Information Services Objectives

a. To transfer a State Agency Model (SAM) system.

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
Re-asses clinic configuration and communications.	July 2009
Complete SAM (M-SPIRIT) transfer	Oct. 2010

b. Work with local agencies and state agency staff

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
Create innovative service delivery mechanisms	Dec. 2008

5. Contract Services Objectives

a. Improve contract service and reimbursement of local agency contracts.

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
Work with a committee to review funding for regional contracts.	June 1, 2008
Review satellite clinic evaluation form and work with committee on additional regionalization plan.	Sept. 30, 2008
WIC Futures Study Group will continue their review of evaluation and assessment of the WIC Program in Montana	

6. Retailer Services Objectives

a. Fully implement the Retailer Management System of Automated WIC System in order to protect the integrity of the food delivery system for the Montana WIC Program.

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
Work with state nutritionist to create new food handouts and lists pursuant to new food packages. Update participant handbook.	Jan. 2009
On-going	
Continue upgrading and improving retailer state plan regulations.	On-going
Insure necessary state rules and regulations are in agreement with all elements of the federal food delivery rule.	On-going
Revise, reformat and print new Retailer Reference and Local Agency Retailer Coordinator Manuals. Deadline moved to 9-30-08.	On-going. Sep. 30, 2008
Continue upgrading and improving Retailer State Plan regulations.	On-going
Ensure necessary state rule and regulations are in agreement with all elements of the federal food delivery rule.	On-going
Contact old members of retailer advisory committee and seek new members to activate the Retailer Advisory Committee. The old list could not be found. An article asking for volunteers was in the Oct.	Dec. 31, 2006

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2006 newsletter with no response. Another article will be placed in the July 2007 newsletter.	
On-going	
Vendor Price Surveys updated.	On-going
Assure compliance with federal requirement of minimum number of compliance buys and/or inventory audits of retailers.	Sep. 2008

**7. Nutrition Services Goals**

- a. Promote the health of women, infants, children and families in Montana by developing and delivering nutrition services which allow each individual to reach his or her full potential.
- b. Increase to at least 75% the proportion of mothers who exclusively or partially breastfeed their babies in the early postpartum period and increase to at least 50% the proportion who continue breastfeeding until their babies are 6 months old (Healthy People 2010). The current Montana WIC breastfeeding initiation rate per CDC Ped-NSS 2008 data is 73.7%. The current Montana WIC breastfeeding rate at 5-6 months per CDC Ped-NSS data is 32.1%.
- c. Provide valid and consistent nutrition information and services to all participants.

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
Establish standardized care plan documentation for incorporation into the SPIRIT computer system which incorporates VENA principles and the provision of participant-centered education	Sep. 30, 2009
Review and revise all policies and procedures necessary for full implementation of VENA and the adoption of the SPIRIT computer system.	Sep. 30, 2009
Develop guidance for self-evaluation of VENA skills at the local agency level.	Sep. 30, 2009
Provide training and technical assistance for implementation of the WIC New Food Package Rule.	Sep. 30, 2009

**8. Breastfeeding Goals and Objectives**

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
Maintain existing breastfeeding peer counselor projects. Request additional funds if or when available. Develop evaluation tool to determine any necessary changes to better gather information to assess the viability of current BPCPs for future approval of funding.	Sept. 2010

**II. 2009 Program Goals and Objectives**

- A. Ensure that pregnant, breastfeeding and postpartum women, infants and children from financially qualifying families who are at nutritional risk have expedient access to quality WIC services.
  1. Caseload Management Plan Objectives
    - a. Update and revise the caseload management plan to determine supportable caseload levels.

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<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
TV and PSA's statewide	Not funded
Outreach letter to food stamp participants with children	Aug. 2008
Revise three-year forecast of revenues for food and program services and administration	On-going
Evaluate statewide monthly caseload and forecast expected level for three-year period.	On-going
Evaluate targeted Outreach Projects through out the State.	Nov. 2008

2. Program Plan Objectives

a. Program enhancement within Family and Community Health Bureau.

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
Implement an annual work plan for WIC	Oct. 2008
Continue evaluation of WIC regionalization and clinic size/location with the support of the WIC Futures Study Group	Jan. 2009
Ongoing to 2010	
Continue and enhance training plan for state office staff	Sep. 2008
Coordinate training activities with other Maternal and Child Health programs.	On going
Participate in the Family & Community Health Bureau Strategic Planning sessions.	May 2009
Cooperate and assist with Family & Community Health Bureau Dental Health goals.	On going
Complete work on establishing a Memorandum of Understanding (MOU) with other Child/Nutrition programs (MCH, Immunizations, Head Start, etc.)	July 2008

3. Implementing new food packages.

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
(Prior to new FFY, recommendations from FP Task Force, determine food category options, revise retailer policies, revise food package policies, draft food list for review.)	May 2009
Prepare OA request for additions funds for New Food Package Implementation. Submit RPF for participant/retailer training materials.	
Plan training for local staff.	Nov. 2008
Finalize policy changes.	
Plan training for retailers.	
Finalize participant materials.	June 2009
Train state and local staff on participant education materials for the revised food packages at Regional Meetings. Distribute to local programs materials for participant education.	April 2009
Complete materials for training retailers.	July 2009
Train local agency retailer coordinators for retailer training.	

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Begin training retailers	April 2009
Complete training of retailers.	Sept. 2009
Implement new food packages in conjunction with SPIRIT system.	Oct. 2009

4. Information Services Objectives

- a. To transfer a State Agency Model (SAM) system.

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
Re-asses clinic configuration and communications.	July 2009
Complete SAM (M-SPIRIT) transfer	Oct. 1, 2009
Continued to 2010	

5. Work with local agencies and state agency staff

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
Create innovative service delivery mechanisms	Incomplete

6. Contract Services Objectives

- a. Improve contract service and reimbursement of local agency contracts.

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
Work with a committee to review funding for regional contracts.	April 2009
Review satellite clinic evaluation form and work with committee on additional regionalization plan.	Incomplete
WIC Futures Study Group will continue their review of evaluation and assessment of the WIC Program in Montana	June 2009

7. Retailer Services Objectives

- a. Fully implement the Retailer Management System of Automated WIC System in order to protect the integrity of the food delivery system for the Montana WIC Program.

<b>OBJECTIVE</b>	<b>COMPLETED BY</b>
Work with state nutritionist to create new food handouts and lists pursuant to new food packages. Update participant handbook.	Jan. 2009
On-going	
Continue upgrading and improving retailer state plan regulations.	June 2009
Insure necessary state rules and regulations are in agreement with all elements of the federal food delivery rule.	June 2009
Revise, reformat and print new Retailer Reference and Local Agency Retailer Coordinator Manuals. Deadline moved to 9-30-08.	On-going. Sep. 30, 2008
Continue upgrading and improving Retailer State Plan regulations.	June 2009
Ensure necessary state rule and regulations are in agreement with all elements of the federal food delivery rule.	June 2009
Contact old members of retailer advisory committee and seek new members to activate the Retailer Advisory Committee. The old list could not be found. An article asking for volunteers was in the Oct. 2006 newsletter with no response. Another article will be placed in the July 2007 newsletter.	Dec. 31, 2006 Ongoing
Vendor Price Surveys updated.	Nov. 2008

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Assure compliance with federal requirement of minimum number of compliance buys and/or inventory audits of retailers.	Sep. 2009
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8. Nutrition Services Goals

- a. Promote the health of women, infants, children and families in Montana by developing and delivering nutrition services which allow each individual to reach his or her full potential.
- b. Increase to at least 75% the proportion of mothers who exclusively or partially breastfeed their babies in the early postpartum period and increase to at least 50% the proportion who continue breastfeeding until their babies are 6 months old (Healthy People 2010). The current Montana WIC breastfeeding initiation rate per CDC Ped-NSS 2003 data is 74.76%. The current Montana WIC breastfeeding rate at 5-6 months per CDC Ped-NSS data is 30.8%.
- c. Provide valid and consistent nutrition information and services to all participants.

OBJECTIVE	COMPLETED BY
Establish standardized care plan documentation for incorporation into the SPIRIT computer system which incorporates VENA principles and the provision of participant-centered education	Moved to 2010
Review and revise all policies and procedures necessary for full implementation of VENA and the adoption of the SPIRIT computer system.	June 2008
Develop guidance for self-evaluation of VENA skills at the local agency level.	Sept. 2009
Provide training and technical assistance for implementation of the WIC New Food Package Rule.	April 2009

9. Breastfeeding Goals and Objectives

Objective	COMPLETED BY
Maintain existing breastfeeding peer counselor projects. Request additional funds if or when available. Develop evaluation tool to determine any necessary changes to better gather information to assess the viability of current BPCPs for future approval of funding.	Sep. 30, 2009 Continue into 2010
Visit and review the breastfeeding peer counselor projects. Visits are planned for Cascade and Deer Lodge.	Sept. 2009
Consider a session at the Spring Public Health Conference to inform other local WIC and health programs of the activities of the BPCPs.	April 2008
Review the SPIRIT system and expected business practices for impacts on breastfeeding information, education and documentation. Determine if policies or procedures will need to be modified.	Sept. 2009
Review options for lactation training for peer counselors and WIC staff. Request inclusion in Operational Adjustment requests funding to support purchase of modules for CLC CEUs and other training, including local staff who have not attended CLC training to attend if it is offered in Montana. If an annual US Breastfeeding Committee conference is held in January 2009, plan for the Breastfeeding	March 2009

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Coordinator to attend.	
Policies, guidelines and procedures for issuance of breast pumps have been established. Continue with breast pump program as established.	Sept. 2009
<p>Maintain existing breastfeeding peer counselor projects. Request additional funds if or when available. Develop evaluation tool to determine viability of current BPCPs for future approval of funding.</p> <p>Five BPCPs are in operation. Additional funds were requested both as an Operational Adjustment (OA) request and in a redistribution request. OA funds were received and local BPCP submitted plans for use of the funds. Awards were made based on those plans.</p> <p>An evaluation tool has been developed and used Evaluation of the tool will be made.</p> <p>Maintaining BPCP in 2009 will continue as an objective.</p>	<p>Sept. 2009</p> <p>Completed April 2008</p>
<p>Visit and review the breastfeeding peer counselor projects. Visits are planned for Missoula, Ravalli and Blackfeet BPCPs. If DEAP BPCP was not visit in FFY 2007, they will also be visited. Revise the monitoring tool as necessary after the visits have been completed. Review policies and determine revisions required.</p> <p>Blackfeet WIC decided to decline the BPCP funds. Visits to Missoula and Ravalli are scheduled with a plan to also visit DEAP (Custer) this year.</p>	<p>Sept. 2009</p> <p>Plan to be completed by Sept. 2009</p>
<p>Consider a session at the Spring Public Health Conference WIC Day to inform other local WIC programs of the activities of the BPCPs.</p> <p>A session reporting on local BPCP was not held at the SPHC. In its place was a session on the breastfeeding social marketing campaign and a brief description of USDHHS' "The Business Case for Breastfeeding" presented by Suzanne Haynes.</p> <p>Such a session will again be a consideration for next year's SPHC.</p>	<p>Dec. 2008</p> <p>Incomplete, move to 2010</p>
<p>If funding is made available and we pursue a State Agency Model Automated System, review the system and expected business practices for impacts on breastfeeding information, education and documentation. Determine if policies or procedures will need to be modified.</p> <p>Early review was made, but many items are still unknown. This objective will be moved to 2010 for completion.</p>	<p>Sept. 2009</p> <p>Incomplete</p>
Review options for lactation training for peer counselors and WIC	Jan. 2008

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<p>staff. Request inclusion in Operational Adjustment requests funding to support purchase of modules for CLC CEUs and other training. Attend the US Breastfeeding Committee's conference in January 2008.</p> <p>Operational Adjustment funds were used to support local program staff to obtain CEUs for CLC recertification. Modules and/or test packets were purchased, stipends to attend the MT Breastfeeding Strategies for Success. In addition some of the additional OA funds for BPC were distributed to a local if their plan included staff training to attend one of these or initial CLC training. If scholarship funds are requested again next year, this type of training and CEUs will be included.</p> <p>The Breastfeeding Coordinator did attend the US Breastfeeding Committee's conference in January 2008, along with MT State Breastfeeding Coalition Members.</p>	<p>April 2008</p>
<p>Policies, guidelines and procedures for issuance of breast pumps have been established. Continue with breast pump program as established.</p> <p>As of this point because of tight food dollars, no breast pumps have been ordered this year. We have entered into an agreement with the Oral Health Program to conduct a survey of oral health among WIC participants. We will receive breast pumps for our participation.</p> <p>This objective will continue in 2010</p>	<p>Sept. 2009</p> <p>On-going</p>

**Title:** State Agency Staffing Pattern

**Purpose**

The staffing pattern and general responsibilities of each position ensure the state-level responsibilities of the WIC Program are met.

**Authority**

246.3(e) and 246.4(a)(4)

**Policy**

The WIC Program is located in the Nutrition Section of the Family and Community Health Bureau (FCHB). The FCHB Chief reports to the Public Health and Safety Division (PHSD) Administrator who reports to the Director of the Department of Public Health and Human Services (DPHHS). The DPHHS Director reports to the Governor.

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**WIC Staff**

**I. Health Services Manager: 1.0 FTE (Full Time Equivalent)**

- ◆ Incumbent: Joan Bowsher
- ◆ Designation: Nutrition Section Supervisor
- ◆ Position Requirements: Degree in Business, Nutrition, Public Administration or Public Health (preferably with major work in health, human services, administration or nutrition).
- ◆ Responsibilities: responsible for administration of the WIC and FMNP Programs in Montana.

**II. Administrative Assistant: .75 FTE**

- ◆ Incumbent: Lynn Van Aken
- ◆ Designation: Administrative Assistant
- ◆ Responsibilities: office management; local WIC program name, telephone and address changes; orders for forms; local WIC program signature cards; inventory control; equipment purchases; filing/records management; travel arrangements; competency testing records; and continuing education records and various administrative support functions for FMNP.

**III. Human Services Specialist: 1.0 FTE**

- ◆ Incumbent: Linda Stallings
- ◆ Designation: Administrative/Quality Assurance
- ◆ Responsibilities: development, implementation and administration of the WIC/FMNP/BPC Programs as it relates to the administration of grants, service delivery through contracts with WIC local agencies, retailers and oversight of other

contracts related to benefit delivery including but not limited to banking services, infant formula rebates. This position serves as the technical lead of the Administrative and Retailer Section Unit.

**IV. Program Specialist: .75 FTE**

- ◆ Incumbent: Michelle Sanchez
- ◆ Designation: Administrative and Retailer Section Member
- ◆ Responsibilities: contract management and expenditure reports; caseload management; writing instructions for implementation of policies on categorical and financial eligibility; monthly reports (potential duals, racial/ethnic, participation and waiting lists) and duties as assigned related to contracting, expenditure reimbursement and monitoring for FMNP.

**V. Program Specialist: 1.0 FTE**

- ◆ Incumbent: Trish Kurek
- ◆ Designation: Administrative and Retailer Section Member
- ◆ Responsibilities: TIP Report, contracts, retail data system, filing, training, reports, policy writing, monitoring/compliance, ordering and inventory control (vendor stamps, MICR cartridges, check stock), M-SPIRIT, formula distribution list, stocking levels for retailers, answering of the 1-800 phone calls – option 2.

**VI. Retailer Specialist: 1.0 FTE**

- ◆ Incumbent: Carrie Reynolds
- ◆ Designation: Administrative and Retailer Section Member
- ◆ Responsibilities: state outreach coordinator; Check review, complaints (participant and retailer fraud), retail data system, filing, training, reports, policy writing, training – retailer/LARC materials, participants materials, outreach coordinator, price surveys, peer groups, M-SPIRIT, infant formula rebate, retailer newsletter, support of monitoring and compliance visits, contract support and review.

**VII. Information Systems Specialist IV - Applications: 1.0 FTE**

- ◆ Incumbent: Mark Walker
- ◆ Designation: Information Services Unit Lead
- ◆ Responsibilities: technical aspects of the WIC Automated Data Processing System; performs professional and technical training and planning, and implementation duties for WIC computer systems; defines and delineates problems, establishes system requirements, and prepares specifications to include inputs, outputs, processing, and linkages with other application systems in order to provide data elements necessary for program management, evaluation, and reporting and duties as assigned for FMNP.

**VIII. Information Systems Specialist III - Applications: 1.0 FTE**

- ◆ Incumbent: Richard Jokela
- ◆ Designation: Information Services Unit Member

- ◆ Responsibilities: technical aspects of the WIC Automated Data Processing System; performs professional and technical training and planning, and implementation duties for WIC computer systems; defines and delineates problems, establishes system requirements, and prepares specifications to include inputs, outputs, processing, and linkages with other application systems in order to provide data elements necessary for program management, evaluation, reporting; fulfills duties as Information Services Unit Project Manager and lead staff member of the Information Services Unit; and duties related as assigned for FMNP.

**IX. Information Systems Specialist II: 1.0 FTE**

- ◆ Incumbent: Bobbi Walker
- ◆ Designation: Information Services Unit Member
- ◆ Responsibilities: WIC System Help Desk; system trouble-shooting; technical assistance to Local WIC Programs; WIC System Training; maintaining all technical manuals and WIC Information Services publications; food instrument inventory and duties as assigned for FMNP

**X. Nutritionist: 1.0 FTE**

- ◆ Incumbent: Chris Fogelman
- ◆ Designation: Nutrition Services Section Member/State Breastfeeding Coordinator
- ◆ Position Requirements: Master's Degree in Nutrition; two years experience in public health nutrition. Must be a registered dietitian and a licensed nutritionist in Montana.
- ◆ Responsibilities: nutrition policy decisions; nutrition education resources for WIC women; nutrition education; nutrition education plan; training & education; local WIC program staff competency testing; continuing education approval; continuing education credits; nutrition eligibility; food packages; authorized foods; technical advice about high risk participants; pediatric nutrition education resources; nutrition surveillance; WIC outreach; authorization of special formulas manages the Breastfeeding Peer Counsel Grant and manages FMNP Grant.

**XI. Nutritionist: 1.0 FTE**

- ◆ Incumbent: Kim Mondy, RD
- ◆ Designation: Nutrition Services Section Member/State Nutrition Coordinator
- ◆ Position Requirements: Master's Degree in Nutrition; two years experience in public health nutrition. Must be a registered dietitian and a licensed nutritionist in Montana.
- ◆ Responsibilities: nutrition policy decisions; nutrition education resources for WIC women; nutrition education; nutrition education plan; training & education; local WIC program staff competency testing; continuing education approval; continuing education credits; nutrition eligibility; food packages; authorized foods; technical advice about high risk participants; pediatric nutrition education resources; nutrition surveillance; WIC outreach; and authorization of special formulas and duties related to nutrition education and monitoring as assigned for FMNP.

**Title:** Financial Management Services

**Purpose**

This section provides a description of the State Agencies methodology in determining funding disbursement

**Authority**

246.13

**Policy**

The State Agency will work with the appropriate state and local agency staff to ensure fair and appropriate funding to all Local Agencies.

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**Guidelines**

**I. State WIC Agency Responsibilities**

- A. Determine distribution of food dollars and administrative funds to local programs. Administrative funds for local programs are determined by review of local program operations, local budget requests and funding allocation methodology.
- B. Determine budget for State WIC Agency.
- C. Pay local programs monthly in accordance with contract on expenditure report requests. Local programs must send in expenditure reports for the previous month's expenditures by the 28th of the next month, unless other arrangements have been made. Warrants are issued by the State WIC Agency and payments are received by the local programs.
- D. Make drawdowns against the letter of credit. Funds drawn are based on current average expenditures for the state WIC agency as reflected in the SABHRS System, and on current requests for reimbursement from local programs. A request is made to USDA for the estimated amount needed for no more than 3 days of operation.
- E. Maintain documented, accurate and ongoing reports of State WIC Agency expenditures via the SABHRS system. Financial records are maintained which account for all expenditures and letter of credit withdrawals for the Montana WIC Program Section.
- F. The SABHRS System meets all basic accounting principles as outlined in OMB Circular A-102. The accounting system complies with all general legal provisions and fully discloses the financial position and results of financial operations of the WIC Program.
  - 1. The accounting system is organized on a fund/account basis (accounting entity). An accounting entity is defined as an independent fiscal entity with a self-balancing set of accounts provided to record assets or other resources together with all related liabilities, obligations, reserves and equities which are segregated

for the purpose of carrying on specific governmental activities or attaining certain objectives in accordance with specific regulations, restrictions or limitation.

2. Financial records and reports are prepared at least monthly and at the close of each fiscal year covering all accounting entities and financial operations of State government.
  3. As a rule, expenditures are charged to the fiscal year in which they were incurred. Expenditures are recorded on the basis of valid obligations when contractual agreements overlap fiscal periods.
- G. Operate data processing system for reconciliation of food instruments.
- H. Negotiate contract with banking institution to process food instruments and pay food retailers.
- I. Notify and request prior approval from FNS for any equipment purchases exceeding \$5,000.00.

## **II. Distribution of Administrative Funds**

Funding is dependent on Federal Grant Award received.

- A. Start-up Funds - If and when expansion monies are available, any new local programs will receive start-up funds in accordance with DPHHS contractual policy and applicable State law.
- B. Administrative awards to local programs will be based on an average participant funding level and consideration of other factors. Average participation will be an average of client caseload per Region from October 1st to March 31st of each year.

**Title:** Information Services

**Purpose**

This Section provides a description of the Information Services operations.

**Authority**

7 CRF 246

**Policy**

The Information Services Unit of the State WIC Program is responsible for the day-to-day activities of all computer systems supporting the WIC program.

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**Guidelines**

**I. Introduction**

A. Computer System Support

1. The Information Services Unit provides a hardware and software environment to sustain the State Central Processing Computer, State Office and Local Agency WIC systems, VMS (Vendor Management), AWACS (Agency Wide Accounting and Client System) and SABHRS fiscal support systems.
2. The Information Services Unit runs unattended nightly processing which updates the Central Processing Computer system with certification, food instrument issuance and related bank payments and other updates to participant records. The Central Processing Computer is a master repository of the information held on Local Agency WIC systems. This information is used for monthly reporting, aggregating data and to rebuild clinic systems if necessary.

**II. Reports**

A. Daily

The daily report provides information on clinic upload/download status and file transfer, possible dual participant, food instrument information and errors in processing, etc.

B. Monthly

1. Several monthly reports are run.
  - a. The WIC monthly reports provide information on participation data, potential duals, waiting lists, racial/ethnic data and food dollars spent.
  - b. The VMS monthly report provides information to the VMS section regarding food instrument information on a vendor basis to identify fraud and abuse.
  - c. The Infant Formula Rebate is run to identify amounts of formula that should be included in the infant formula rebate program utilizing the VMS.

C. Ad Hoc

1. Frequently run at the request of state staff, local agency staff, legislature and other political parties.

Policy Number: 3-5  
Nutrition Services  
Effective/Revised Date: October 1, 2005

## **Nutrition Services**

### **Purpose**

This Section provides a description of the Nutrition Services Unit responsibilities

### **Authority**

7CFR 246.11

### **Policy**

The Nutrition Services Section of the State Agency is responsible for ensuring that the nutrition component of the WIC program is in compliance with the Federal Regulation.

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## **Guidelines**

### **I. State Agency Responsibilities**

- A. In the provision of nutrition education the Nutrition Services Section is responsible for:
  - 1. Development and coordination of the nutrition education component of the Montana WIC Program including section goals for program operations;
  - 2. Establishing standards for nutrition/medical eligibility;
  - 3. Collecting and analyzing program nutrition data for use in program planning and evaluation;
  - 4. Providing in-service training and technical assistance to local agency staff in matters of nutrition education and management of breastfeeding;
  - 5. Identifying or developing resources for nutrition education and breastfeeding promotion and management;
  - 6. Establishing standards for the provision of nutrition education and breastfeeding education;
  - 7. Establishing standard for breastfeeding promotion and support;
  - 8. Developing and implementing procedures to ensure that nutrition education is offered to all participants or the parent/guardian of infants and children; and
  - 9. Evaluating local agencies nutrition education activities (including those for breastfeeding) and ensuring compliance with the nutrition education provisions in the Federal Regulations.

Policy Number: 3-6  
Retailer Services  
Effective/Revised Date: October 1, 2005

**Title:** Retailer Services

**Purpose**

This section provides a description of the Retailer Services Unit responsibilities.

**Authority**

7CFR 246.12

**Policy**

The State WIC Agency is responsible for ensuring the state compliance with the Federal Retailer rules and regulation.

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**Guidelines**

**I. State Agency Responsibility**

- A. The State WIC Agency Administrative and Retailer Unit assume responsibility for the creation and distribution of the following:
  - 1. Retailer training materials and newsletter.
  - 2. Coordinator training materials and newsletter.
  - 3. Selected participant handouts (in conjunction with the Nutrition Services Unit).
  - 4. Participant Fraud Complaints.
  - 5. Retailer Fraud Complaints.
  - 6. Selecting/scheduling retailer visits.
  - 7. Compliance purchases.
  - 8. Organize/schedule annual retailer/retailer coordinator training.
  - 9. Retailer applications review and subsequent contracts.
  - 10. Retailer selection criteria.

Policy Number: 3-7

Federal Reports

Effective/Revised Date: October 1, 2007

**Title:** Federal Reporting Requirements

**Purpose**

This section lists the required Federal Reports

**Authority**

7CFR 246.25

**Policy**

The State Agency is responsible for ensuring the timelines of required Federal reports.

**Guidelines**

**I. Required Federal Reports**

<b>Report Title</b>	<b>Person Responsible for Preparing and Accuracy of Report</b>	<b>Date Due</b>
FNS-798	Corrine Kyler, Fiscal Officer (406) 444-6369	Monthly – by the 30th
FNS – 798 & 798A Close Out Report	Corrine Kyler, Fiscal Officer (406) 444-6369	120 days after FYE
TIP Report	Trish Kurek, Program Specialist, (406) 444- 5530	Annually -January 31

**Title:** Affirmative Action Plan

**Purpose**

The Montana WIC Program has established an “Affirmative Action Plan” to be used if participation increases to the level that a waiting list and priorities need to be established.

**Authority**

7CFR 246.4(a) (5)

**Policy**

The Montana WIC Program will use the following guidelines to establish new WIC clinics or guide participation in the event that funding and caseload maintenance become an issue.

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**Guidelines**

**I. Introduction**

- A. Montana has 27 regions consisting of 56 counties and 7 Native American Reservations. The Tribal WIC Programs on the reservations include portions of 11 counties and serve both on and off reservation Native Americans in their respective areas.
- B. The data used in this study are statistically reliable. The Records and Statistics Bureau of DPHHS reviewed the Affirmative Action Plan for appropriate statistical technique and analysis. Data presented included the 56 counties and 7 Native American Reservations.
- C. Figures for Indian Health Service Units, however, had to be extrapolated from the county figures (2000 census). Figures for Native Americans in Big Horn, Blaine, Flathead, Glacier, Hill, Lake, Missoula, Phillips, Pondera, and Roosevelt, Rosebud, Sanders and Valley counties were therefore pulled from the totals for those counties and used to establish data for the reservations.

**II. Affirmative Action Plan**

- A. The Affirmative Action Plan for the current fiscal year has been based on the most recently available census data (2000) and updated data on low birth weight infants from the Montana Department of Public Health and Human Services (DPHHS).
- B. Actual monthly caseload by priority reflects the month of April in the current calendar year. The number of eligible participants for each regional WIC service area are listed in Policy 3-8, Affirmative Action Plan.

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**FISCAL YEAR 2009 AFFIRMATIVE ACTION PLAN**

Region# / County	Rank	Apr-09	Apr-09	Apr-09	Apr-09	Apr-09	Apr-09	Apr-09			
<b>ACTUAL PARTICIPATION BY PRIORITY FOR APRIL 2008</b>											
	AA	P-I	P-II	P-III	P-IV	P-V	P-VI	P-VII	Participation	Potential Eligible	% Served
2 Broadwater	4	43	17	70	1	64	12	0	207	417	49.64%
3 Cascade	8	628	139	428	34	410	120	0	1759	3102	56.71%
4 Custer (DEAP)	21	208	34	159	14	211	26	0	652	914	71.33%
5 Dawson	1	56	15	37	2	53	7	0	170	431	39.44%
6 Deer Lodge	22	126	27	169	12	85	18	0	437	538	81.23%
7 Fergus (HRDC)	2	67	20	68	3	82	12	0	252	619	40.71%
8 Flathead	12	559	107	284	47	467	67	0	1531	2560	59.80%
9 Gallatin	3	374	37	243	24	276	50	0	1004	2210	45.43%
10 Hill	17	115	42	134	8	83	28	0	410	623	65.81%
11 Lake	24	160	97	153	11	150	20	0	591	698	84.67%
12 Lewis & Clark	19	367	71	249	34	328	65	0	1114	1655	67.31%
13 Lincoln	16	116	20	102	13	156	20	0	427	651	65.59%
14 Missoula	20	794	223	559	82	181	123	0	1962	2763	71.01%
15 Ravalli	6	243	31	173	13	208	31	0	699	1301	53.73%
17 Sanders	11	95	26	81	16	70	10	0	298	501	59.48%
18 Sheridan	10	72	27	60	12	101	11	0	283	477	59.33%
19 Silver Bow	9	265	66	163	21	211	43	0	769	1309	58.75%
20 Teton	5	121	57	125	15	164	20	0	502	954	52.62%
21 Valley	7	55	14	65	6	83	10	0	233	430	54.19%
22 Yellowstone	14	939	256	700	51	706	172	0	2824	4561	61.92%
23 Ft. Peck Res	23	139	85	167	8	165	12	0	576	684	84.21%
24 N Cheyenne Res	27	179	30	171	11	152	29	0	572	367	155.86%
25 Blackfeet Res	18	131	68	210	6	141	14	0	570	859	66.36%
26 Crow Res	25	158	61	205	10	187	45	0	666	749	88.92%
27 CS&K Res	13	149	34	98	3	127	10	0	421	690	61.01%
28 Ft. Belknap Res	26	97	8	135	2	56	19	0	317	334	94.91%
29 Rocky Boy Res	15	73	31	97	3	100	10	0	314	486	64.61%
Total		6329	1643	5105	462	5017	1004	0	19560	30883	63.34%

**III. Description of Ranking System**

A. To establish the ranking, the following criteria were used:

1. Incidence of low birth weight infants (1996 - 2001). Data was based on the statistical report done by the Bureau of Records and Statistics, Department of

Public Health and Human Services (DPHHS). The data in the statistical report is broken down by county, and within county, by race (white, Indian, and other).

2. Percentage of population (women, children under age 5) at 185% of poverty or less (2000 census). Population at 185% of poverty or less was determined from income and poverty status data based on 2000 Bureau of Census statistics for General Social and Economic Characteristics. Income for women and children under 5 at or below 185% of poverty is used as an indicator for evaluating financial eligibility throughout Montana.
3. Minority populations (2000 census). Information on minority populations was taken from 2000 census reports.

#### **IV. Affirmative Action Plan Ranking**

- A. The Affirmative Action Plan rankings would be used as one tool among many to assist in the expansion of WIC in Montana, when and if funds become available. If funds were available, new agencies or satellites would be opened in descending order from the top in the Plan, with no WIC agency receiving funds until the eligible agencies above were funded.
- B. The number of potentially eligible persons was obtained by utilizing census data for children below 185% poverty and number of total births. This data was inserted into the following formula, as suggested by State Plan Guidance:  
  
$$(\text{Total births} \times 1.25) \times \% \text{ children below } 185\% + \# \text{ children below } 185\% = \text{potentially eligible population.}$$

#### **V. Priorities Served**

The Montana WIC Program serves Priorities I-VI.

#### **VI. CSFP Programs**

The Commodity Supplemental Food Program (CSFP) works with the WIC Program to ensure no dual benefits are issued to participants.

Policy Number: 3-9  
Appeals by Local Programs  
Effective Date: October 1, 2006

**Title:** Appeals by Local Programs

**Purpose**

Local WIC programs have the right to request a fair hearing review from the State WIC Office due to notification of certain adverse actions.

**Authority**

7CFR 246.18(a)(3),(b),(d),(e) and (f)

**Policy**

The Montana WIC Program will provide, upon request, a full administrative review fair hearing to a local agency who has received the following adverse actions:

- ◆ Denial of application;
- ◆ Disqualification;
- ◆ Suspension; and/or
- ◆ Sanctions that affect a local agency's participation.

An administrative review will not be provided if the action is a result of:

- ◆ The expiration of the agreement with the local agency; or
- ◆ Montana state procurement procedures applicable to the process of local agency selection.

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**Procedures**

**I. State Agency Responsibilities**

The State Agency shall advise the aggrieved WIC agency of their rights under the regulations.

**II. Administrative Review Request**

The State Agency, upon request for an administrative review (hearing) by a local WIC program, shall schedule a administrative review and inform the local WIC program of the time and place, giving the local WIC program 10 days advance notice.

**III. Administrative Review Decision**

The administrative review shall be conducted in Helena and the local WIC program will be informed in writing of the decision and its basis within 60 days of the date of the request for a hearing. The hearing shall be conducted by a fair and impartial official, whose decision shall rest solely on the evidence presented at the administrative review and statutory and regulatory provisions governing the WIC program.

**IV. Administrative Review Procedure**

- A. The procedure for the administrative review shall provide at a minimum to the local WIC program:
1. Ten (10) days advance notice of the time and place of the administrative review to provide all parties involved with sufficient time to prepare for the hearing;
  2. The opportunity to present its case;
  3. The opportunity to confront and cross-examine adverse witnesses;
  4. The opportunity to be represented by counsel, if desired;
  5. The opportunity to review the case record prior to the administrative review; and
  6. The opportunity for two rescheduled hearing dates.

**V. Adverse Actions**

Adverse action taken by the State WIC Agency shall be postponed until a administrative review decision is reached. All appellants denied program benefits at the State level shall be informed in writing, along with the decision of the administrative review officer, of their right to appeal the decision to a District Court within 30 days of receiving the written notice.

**VI. Advance Notice**

Local programs shall be given 60 days advance notice of any adverse action, including written notice of the action, cause(s) for and the effective date of the action.

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**VII. Local Program Address List**

The Local WIC Agency Address/Telephone Number List will be updated as changes are received.

Region #	Co. Code	Lead Agency	Clinic	Director	Mailing Add	City	St	Zip	Phone	Fax	Days/Hours Open
2	04101	Broadwater	Townsend WIC Program (Broadwater Co.)	Linda Campbell	124 N Cedar	Townsend	MT	59644	266-5209, x25 (Dana)	266-3940	Mon., Tues, Thurs 9:00-5:00
2	22201		Boulder WIC Program (Jefferson Co.)			Boulder	MT	59632	225-4231	225-9473	Mon 9:00-4:00 once a month, usually 2nd Monday
2	22101		Whitehall WIC Program (Jefferson Co.)			Whitehall	MT	59759	287-3249		Mon 9:00-4:00 once a month, usually 1st Monday
2	30101		White Sulphur Springs WIC Program (Meagher Co.)			White Sulphur Springs	MT		266-5209		usually 1st Wed. of the month 9:00-3:00
3	07101	Cascade	Great Falls WIC Program (Cascade Co.)	Carol Keaster	115 4th St So	Great Falls	MT	59401	454-6950		Mon., Wed., Thurs., Fri., 8:00-5:00; Tues 9:00-6:00
3			Malmstrom AF Base (Cascade Co.)			Great Falls	MT	59401	454-6953		Every other Friday per month (2 Fridays/mo)
3			HeadStart/ Parkdale Clinic	Shelly Mackenstadt		Great Falls	MT	59401	454-6953		Every Wed. 1-4:30
4	09101	Custer	Miles City WIC Program (Custer Co.)	Vicky Tusler	2200 Box Elder Ste 151	Miles City	MT	59301	234-6034 or 800-224-6034	234-7018	Mon 1:00-5:00; Tues, Wed, Thurs 9:00-5:00
4	44301		Ashland WIC Program (Rosebud Co.)			Ashland	MT	59003	784-2346 or 2349; or 800-224-6034		2nd Mon 10:00-3:00
4	02101		Hardin WIC Program (Big Horn Co.)			Hardin	MT	59034	665-8727	665-1025	Mon 12:00-5:00; Tues 8:00-12:00
4	06101		Ekalaka WIC Program (Carter Co.)			Ekalaka	MT		775.8738 (clinic days)		3rd Tues. 9:00-4:00 (every other mo.)
4	44201		Colstrip WIC Program (Rosebud Co.)			Colstrip	MT	59323	748-2800 or 800-224-6034	748-3670	1st Mon 10:00-4:00
4	13101		Baker WIC Program (Fallon Co.)			Baker	MT	59313	778-2824	778-2819	2nd and 4th Tues 8:00-5:00

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4	44101		Forsyth WIC Program (Rosebud Co.)			Forsyth	MT	59327	346-4350, 346-4266 or 800-224-6034	346-4242	1st and 3rd Wed 9:30-5:00
4	38101		Broadus WIC Program (Powder River Co.)			Broadus	MT		800-224-6034		3rd Wed 9:00-2:00
4	52101		Hysham WIC Program (Treasure Co.)			Hysham	MT	59038	342-5886 or 800-224-6034		3rd Mon - even months, 9:00-12:00
5	11101	Dawson	Glendive WIC Program (Dawson Co.)	Connie Undem	207 West Bell	Glendive	MT	59330	377-5215	377-2022	Mon, Wed 8:00-5:00
5	55101		Wibaux WIC Program			Wibaux	MT	59353	795-2485		3rd Tues, 1:00-5:00 (even months)
5	28101		Circle/Jordan WIC Program (McCone Co.)			Circle	MT	59259	485-2444		2nd Tues, 9:30-1:00
5	40101		Terry WIC Program (Prairie Co.)			Terry	MT	59349	635-5863		1st Tues 1:00-5:00 (odd months)
6	12101	Deer Lodge	Anaconda WIC Program (Deer Lodge Co.)	Linda Best	PO Box 970	Anaconda	MT	59711	563-7863	563-2387	Tues through Thurs 8:00-5:00
6	01101		Dillon WIC Program (Beaverhead Co.)	Kendra Webster		Dillon	MT	59725	683-9811 or 683-3041 (hospital)	683-9216	Wed 10:00-4:00
6	29201		Sheridan WIC Clinic (Madison Co.)			Sheridan	MT	59749	842-5453 or 683-9811		Third Tues 10:00-2:00
7	14101	Fergus	Lewistown WIC Program (Fergus and Petroleum Co.)	Jane Timpano	300 First Ave North	Lewistown	MT	59457	535-4928 or 1-800-766-3018	535-2843	Wed, Thurs 8:00-5:00, Fri 8:00-12:00
7	23101		Stanford WIC Program (Judith Basin Co.)			Stanford	MT		535-4928; 1-800-766-3018		3rd Tues, 9:00-4:00, of odd months
7	54101		Harlowtown WIC Program (Wheatland and Golden Valley Co.)			Harlowton	MT		535-4928 or 800-766-3018		4th Tues of odd months 9:00-4:00
8	15101	Flathead	Kalispell WIC Program (Flathead Co.)	Jeannie Lund	1035 First Ave West	Kalispell	MT	59901	751-8170	751-8171	Mon-Fri 8:00-5:00
8	15201		Columbia Falls WIC Program (Flathead Co.)			Columbia Falls	MT		892-4811		Wed and Thurs, 9:00-4:00

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9	16101	Gallatin	Bozeman WIC Program (Gallatin Co.)	Darcy Hunter	12 North Third RM 101	Bozeman	MT	59715	582-3115 or 3116	582-3112	Mon-Fri 8:00-5:00; some Tues & Wed 8:00-6:30, varies
9	34101		Livingston WIC Program (Park Co.)			Livingston	MT	59047	222-4189		Every Thurs, 9:00-4:00
9	16201		West Yellowstone WIC Program (Gallatin Co.)			West Yellowstone	MT		582-3115		1st Wed even months 11:00-as needed
9	291		MSU WIC Program (Gallatin Co.)			Bozeman	MT	59715	582-3115		2nd Wed 9:00-4:00; 3rd Tues 11:00-6:00
10	21101	Hill	Havre WIC Program (Hill Co.)	Teresa Roberts	315 4th St	Havre	MT	59501	265-5481, x266	265-6976	Mon-Thurs 9:00-12:00, 1:00-5:00
10	26101		Chester WIC Program (Liberty Co.)			Chester	MT	59522	759-5517 or 265-5481, x266		1st Wed 9:00-4:00, every other month
10	03101		Chinook WIC Program (Blaine Co.)			Chinook	MT	59523	357-2345 or 265-5481, x266		Every other Fri. 9:00-5:00; after hours by appt.
11	24101	Lake	Polson WIC Program (Lake Co.)	Linda Davis	802 Main Street	Polson	MT	59860	883-7308 or 866-556-4205	883-7290	Mon - Fri 8:30-4:00
12	25101	Lewis & Clark	Helena WIC Program (Lewis & Clark Co.)	Maggie Petaja	1930 9th Ave.	Helena	MT	59601	457-8912	457-8990	Mon - Thur 8:00 - 6:00 Fri 8:00-5:00
13	27101	Lincoln	Libby WIC Program (Lincoln Co.)	Linda Wagner	933 Farm to Market Ste A	Libby	MT	59923	293-5711	293-5835	Mon 8:30-12:00, Wed 8:30-5:00, Tues & Thurs
13	27201		Eureka WIC Program (Lincoln Co.)			Eureka	MT	59917	296-2751		1st and 3rd Tues & Wed, 9:00-4:00
13	27301		Troy WIC Program (Lincoln Co.)			Troy	MT	59935			1st & 3rd Thurs 9:00-4:00
14	32101	Missoula	Missoula WIC Program (Missoula Co.)	Mary Pittaway	301 West Alder Street	Missoula	MT	59801	258-4740	258-4906	Mon-Wed, 8:00-5:00
14	32501		Lolo WIC Program (Missoula Co.)			Lolo	MT		273-0197		4th Tues.

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14	32601		UofM WIC Program (Missoula Co.)			Missoula	MT		728-8253		2nd Tues.
14	32901		Missoula South Ave. Location (Missoula Co.)			Missoula	MT		542-7747		4th Thurs, 10:00-4:30; 1st Mon 8:20-4:00
14	32201		Seeley Lake WIC Program (Missoula Co.)			Seeley	MT		677-2220		Fri 8:00-5:00
14	20101		Drummond WIC Program (Granite Co.)			Drummond	MT		523-4740 (Missoula)		4th Mon Odd mo. 9:20-3:20
14	20101		Clinton WIC Program (Granite Co.)			Clinton	MT		523-4740 (Missoula)		3rd Thur. Even mo. 10:40-1:20
15	41101	Ravalli	Hamilton WIC Program (Ravalli Co.)	Jackie Cenis	205 Bedford Ste P	Hamilton	MT	59840	375-6685	375-6690	Mon-Thurs, 8:00-5:00
15	41201		Stevensville WIC Program (Ravalli Co.)			Stevensville	MT		375-6688	376-6687	Every Wed 9:00-3:30 except the 5th Wed.
15	41301		Darby WIC Program (Ravalli Co.)			Darby	MT		375-6691		3rd Mon 9:00-3:40
15	41501		Victor WIC Program (Ravalli Co.)			Victor	MT		375-6685 (front desk)		2nd Mon 9:00-3:40
17	45101	Sanders	Thompson Falls WIC Program (Sanders Co.)	Cindy Morgan	PO Box 519	Thompson Falls	MT	59873	827-6931	827-4388	Mon-Fri, 8:00-5:00
17	31101		Superior WIC Program (Mineral Co.)		PO Box 488	Superior	MT	59872	822-3564	822-3745	Monday, 8:30-5:00
17	45201		Plains WIC Program (Sanders Co.)			Plains	MT		827-6931		1st and 2nd Tues 10:00-3:00, 3rd Tues 10-12:00
17	45301		Noxon WIC Program (Sanders Co.)			Noxon	MT		827-6931		4th Mon, 10:00-Noon
17	45301		Heron WIC Program (Sanders Co.)			Heron	MT		827-6931		4th Mon, 1:00-3:00
17	45401		Lonepine WIC Program (Sanders Co.)			Lone Pine	MT		827-6931		3rd Tues. 1:30-3:00
18	46101	Sheridan	Plentywood WIC Program (Sheridan Co.)	Susan Tefre	100 West Laurel Ave	Plentywood	MT	59254	765-3473 or 3410	765-3495	2nd Mon 9:00-5:00, 3rd Wed
18	10101		Scobey WIC Program (Daniels Co.)			Scobey	MT		765-3473		3rd Tues 9:30-4:00
18	42101		Sidney WIC Program (Richland Co.)			Sidney	MT	59270	433-2207	433-6895	Tues & Wed 8:00-5:00, alt times avail

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18	42201		Fairview Migrant WIC Program (Richland Co.)			Fairview	MT		742-5201		1st Tues of month, Wed evening as needed during Migrant seasons
18	43101		Culbertson WIC Program (Roosevelt Co.)			Culbertson	MT		433-6923	433-6895	3rd Thurs 9:30-5:00
19	47101	Silver Bow	Butte WIC Program (Silver Bow Co.)	Jamie Paul	25 West Front Street	Butte	MT	59701	497-5060	782-8150	Mon-Fri., 8:00-5:00
19	39101		Deer Lodge WIC Program (Powell Co.)			Deer Lodge	MT	59722	846-2420	846-3436	Mon-Thurs 8:00-4:30
20	50101	Teton	Chouteau WIC Program (Teton Co.)	Lora Wier	905 4th St NW	Choteau	MT	59422	466-2562	466-5292	1st & 3rd Mon., 8:00-5:00; 3rd Tues. 1:00-4:00
20	08101		Fort Benton WIC Program (Choteau Co.)			Fort Benton	MT	59442	622-3771	622-3411	1st Mon Tues Wed 8:00-5:00
20	18101		Cut Bank WIC Program (Glacier Co.)			Cut Bank	MT	59427	873-2969	873-2205	last Mon Tues Wed of every month
20	37101		Conrad WIC Program (Pondera Co.)			Conrad	MT	59425	271-3247	271-3248	Mon-Thurs, 8:00-5:00,
20	50201		Fairfield WIC Program (Teton Co.)			Fairfield	MT		590-5125		4th Mon and Tues., 9:00-12:00
20	51101		Shelby WIC Program (Toole Co.)			Shelby	MT	59474	424-5169	424-2425	1st Tues Wed Thur of month, 8:30-7:00
21	53101	Valley	Glasgow WIC Program (Valley Co.)	Yvette Phillips	621 Third St S	Glasgow	MT	59230	228-3626 or 800-322-3634, ext 3626	228-3559	1st, 2nd, 3rd, and 4th Tues of each month, 8:00-5:30
21	36101		Malta WIC Program (Phillips Co.)			Malta	MT	59538	654-1380	654-2876	2nd Mon 9:00-4:30; 2nd Tues 12:30-4:30; 4th Mon & Tues 12:30-4:30
22	56101	RiverStone Health Dept.	RiverStone WIC Clinic (Yellowstone Co.)	Gayle Espeseth	PO Box 35033	Billings	MT	59107	247-3370	247-3340	Mon, Tues, Thurs, Fri, 8:00-5:00, Wed 10:00-7:00

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22	05101		Joliet WIC Program (Carbon Co.)		128 S Main	Joliet	MT	59041	247-3370 (Billings)		4th Fri. 10:00-3:00 (Joliet)
22	05201		Red Lodge Migrant Clinic (Carbon Co.)		PO Box 1067	Red Lodge	MT	59068	247-3370 (Billings)		2nd Fri. 10:00-3:00 (Red Lodge)
22	49101		Big Timber WIC Program (Sweet Grass)		PO Box 549	Big Timber	MT	59011	932-5449		2nd Thurs, 8:00-6:00
22	481		Columbus WIC Program (Stillwater Co.)		PO Box 959	Columbus MT	MT	59019	322-4296	322-9957	1st and 3rd Tues., 8:00-5:30
22	33101		Roundup WIC Program (Mussellshell Co.)			Roundup	MT	59072	247-3370 (Billings)		1st and 3rd Tues., 10:00-3:00
22	56201		Laurel WIC Program (Yellowstone Co.)			Laurel	MT	59044	247-3370 (Billings)		1st and 3rd Fri, 9:30-4:00
22	56301		Lockwood Clinic			Billings	MT		247-3370 (Billings)		2nd Thur of month 9:00-4:00
22	56501		Billings Heights WIC Program (Yellowstone Co.)			Billings	MT		247-3370 (Billings)		2nd and 4th Tues, 9:30-4:00
23	57101	Fort Peck Tribal Health Dept	Poplar Ft. Peck Tribe WIC Program	Irene Evanson	PO Box 1027	Poplar	MT	59255	768-5301, x4408	768-5780	Mon, Thurs, 8:00-4:30
23	57201		Wolf Point Ft. Peck Tribe WIC Program			Wolf Point	MT	59201	653-1204	653.1641	Tues and Wed., 9:00-4:00; Friday 9:00-4:00
24	58101	Northern Cheyenne Tribe	Northern Cheyenne WIC Program	Tom Mexicancheyen	Hwy 39, Box 67 100 Cheyenne Ave.	Lame Deer	MT	59043	477-4527 or 4526; 477-4501 (Tom)	477-4504	Mon - Fri., 8:00-5:00
25	59101	Blackfeet Tribe	Blackfeet WIC Program	Kim Schlidt	PO Box 2969	Browning	MT	59417	338-5311 after 3:30	338-7530	Mon - Fri., 8:00-4:30
26	60101	Crow Tribe	Crow WIC Program	Margo Stops Mary Snell (AIDE)	PO Box 670	Crow Agency	MT	59022	638-4038	638-3959	Mon - Fri., 8:00-4:30
26	60301		Pryor WIC Program (Crow Tribe)			Pryor	MT	59066-0017	256-9612		1st Fri., 9:00-3:00
26	60201		Lodge Grass WIC Program (Crow Tribe)			Lodge Grass	MT	59050	639-2246	639-2976	Mon., Tues., and Wed., 8:00-4:30

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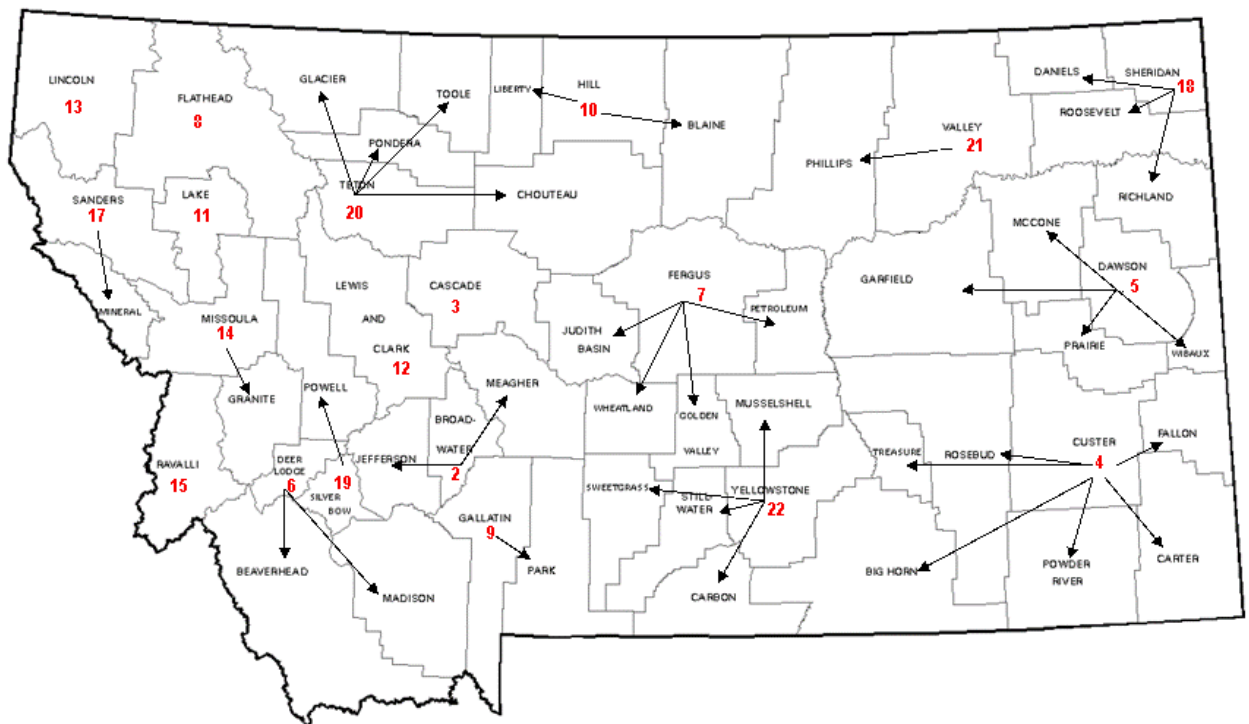
## CHAPTER THREE

Region #	Co. Code	Lead Agency	Clinic	Director	Mailing Add	City	St	Zip	Phone	Fax	Days/Hours Open
27	61101	Confederated Salish & Kootenai Tribes (Flathead Res)	Salish & Kootenai WIC Program	Arlene Templer	PO Box 880	St. Ignatius	MT	59865	745-3525, x5068; 800-823-8228	745-4235	Mon-Fri, 8:00-4:30
27	61201		Ronan WIC Program			Ronan	MT		676-0137 (Ronan Diabetic Ctr)		Tues. and Wed, 8:30-4:00; late clinic 2nd and 4th Tues.
27	61301		Arlee WIC Program			Arlee	MT		726-3213		3rd Fri of the month, 8:00-4:00
27	61701		Hot Springs WIC Program			Hot Springs	MT		741-3266		1st Fri., 9:00-1:00
28	62101	Ft. Belknap Community Council	Ft. Belknap Harlem WIC Program	Barb Skoyen	Fort Belknap Agency, RR 1, Box 67	Harlem	MT	59526-9705	353-3249; 353-3157 message	353-4267 or 353-4374	Mon-Fri., 8:00-4:00
28	62201		Ft. Belknap Hays WIC Program			Hays	MT	59527	673-3777	673-3144	Mon-Fri., 8:00-4:00
29	63101	Rocky Boy WIC	Rocky Boy WIC	Lois Gopher	PHS Indian Health Ctr., Rocky Boy Route, Box 664	Box Elder	MT	59521	395-4902	395-4781	Mon-Fri, 8:00-4:30

## Local Program Maps

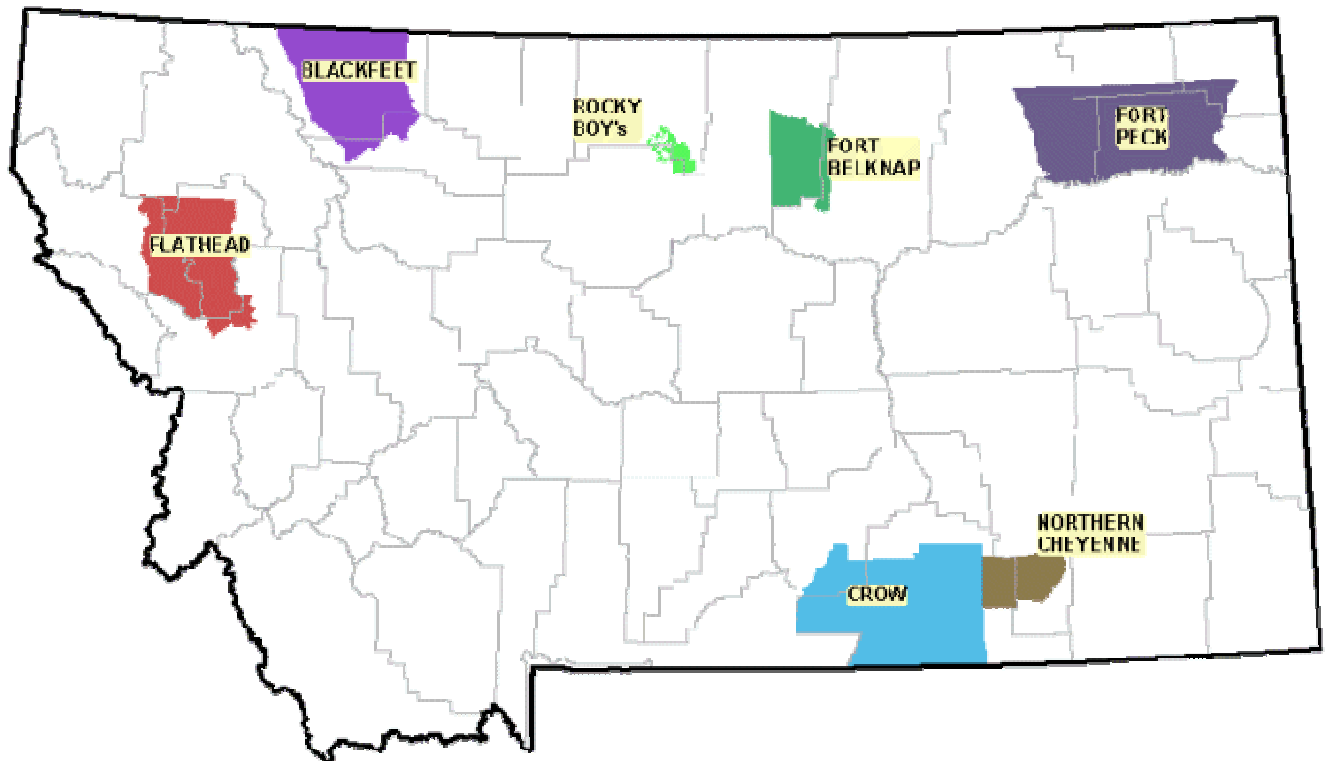
The Local Program maps are attached designating service areas.

### Montana WIC REGIONS



June 2007

MONTANA  
INDIAN RESERVATIONS  
WIC PROGRAMS



<u>Region</u>	<u>Tribe</u>
23	Fort Peck Tribal Health Dept.
24	Northern Cheyenne Tribal Health Dept
25	Blackfeet Tribal Health Dept.
26	Crow Tribe
27	Flathead Confederated Salish & Kootenai Tribes
28	Fort Belknap Community Council
29	Rocky Boy

Policy Number: 3-10  
General Complaints  
Effective Date: October 1, 2007

**Title:** General Program Complaints

**Purpose**

The Montana WIC Program has established a formal process for all written or verbal complaints to be handled.

**Authority**

State Policy

**Policy**

It is the policy of the Montana WIC Program to accept all written and verbal complaints regarding the WIC Program and to handle them in an appropriate manner within 180 days.

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**Procedures**

- I. All written or verbal complaints about any part of the operation of WIC in Montana shall be accepted and processed within 30 days of receipt by the State WIC Agency or any local WIC program.
- II. Any person alleging improper treatment, discrimination or other wrong doing must communicate to the State WIC Agency or any local WIC program said mistreatment within 180 days of the alleged action.
- III. Complaints regarding discrimination will be processed according to the instructions provided in Civil Rights see Chapter 10.

**IV. Acceptance of Complaints**

All complaints, written or verbal, shall be accepted. Information submitted must be sufficient to identify the WIC agency or individual involved. See Policy 4-20 Local Program Retailer Coordinator, VII Participant Complaints for details about handling complaints involving/against retailers.

- V. In the case of a verbal or telephone complaint, every effort should be made to collect the following:
  - A. Name, address and telephone number of complainant, or other method of contacting the complainant.
  - B. Date of complaint.
  - C. Nature of the complaint.
  - D. Retailer name, if involved.
  - E. Witness name and contact information.
  - F. Local WIC program, if involved.

**VI.** Use of the WIC Complaint Form is required. A full record of all contacts and activities related to the complaint must be maintained on file in the receiving WIC agency's office in order to track the action taken to address the complaint.

**VII. Notification**

- A. Local programs shall notify the State WIC Agency by phone and follow-up in writing of any complaint(s) received and request guidance for disposition of the complaint.
- B. The State WIC Agency shall notify a local WIC program by phone and follow-up in writing of any complaint(s) received concerning their jurisdiction.

**VIII. Resolution**

Investigation and resolution of complaints will be handled on a case-by-case basis with all pertinent facts considered.

WIC Program Complaint

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Nature of Complaint: \_\_\_\_\_

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Retailer Name (if applicable): \_\_\_\_\_

Witness Contact Information: \_\_\_\_\_

Local WIC Program: \_\_\_\_\_

State Office Comments: \_\_\_\_\_

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Local Program Comments: \_\_\_\_\_

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Policy Number: 3-11  
Participant Fraud/Abuse  
Effective Date: January 1, 2010

**Title:** Participant Fraud/Abuse/Sanctions

**Purpose**

Maintaining program integrity is important for our participants to be able to continue benefits from services of the WIC program. Loss of the WIC program due to participant's fraud and abuse by a few participants would be greatly detrimental to the larger population.

**Authority**

246.7(i)

246.12 (w)

246.23 (c)

**Policy**

It is the policy of the Montana WIC Program that participants or authorized representatives who misrepresent their circumstances in order to receive WIC benefits or commit an identified fraud/abuse of the WIC Program will be issued sanctions. Standard and uniform procedures will be used to sanction a participant. Sanctions may include education and a warning, disqualification and repayment of benefits.

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**Guidelines**

**I. Fraud/Abuse**

- A. The WIC program is to be alert for possible participant abuse. When abuse is detected or suspected, the WIC agency must document as completely as possible, including a narrative account of how abuse was detected and copies of any relevant food benefits or other documents.
- B. This information is entered on the WIC Participant Fraud/Abuse Form, and discussed with the participant/guardian. The participant/guardian is given an opportunity to make a statement, but in no case should be forced to. If the participant/guardian will not, or cannot sign a statement, note this on the form.
- C. If the offense requires "Education and/or a Warning Letter", educate the participant on the issue and document the results of an additional offense. Document the discussion using the Warning Letter Form, sign and make a copy for the participant. The Warning Letter and Participant Fraud/Abuse Form are then scanned into the participant's file and the originals are sent to the state office.
- D. A first or second offense that results in disqualification should be documented using the End of Certification/Notice of Ineligibility Form #128 (Forms/NOI-EOC2). Document information in the space designated "other", sign and date. Make a copy for the participant, scan the form into the participant's file, and send the original to the state office with the other documentation.
- E. A log is maintained by the state office regarding all reported fraud/abuse.

## **II. Definition of Fraud/Abuse**

- A. The definition of fraud/abuse is (one or more of the following):
1. Intentionally making false or misleading statements or intentionally misrepresenting, concealing or withholding facts to obtain benefits.
  2. Sale or exchange of food or food benefits for cash or other items.
  3. Stealing WIC benefits from a local WIC program or WIC participant.
  4. Receipt of cash, credit or rain checks from food retailers in a WIC purchase.
  5. Purchase of unauthorized food or other items of value.
  6. Alteration of food benefits.
  7. Redemption of food benefits reported lost or stolen.
  8. Redeeming a WIC benefit outside the authorized date range.
  9. Redeeming a WIC benefit at stores not listed as an authorized WIC retailer.
  10. Dual participation, receiving/redeeming food benefits from 2 or more programs/clinics in the same month.
  11. Verbal or physical abuse or threat of physical abuse, of clinic or food retailer staff or farmer.

## **III. Federal Regulations Require the Collection of Benefits Through Misrepresentation**

### **Procedures**

#### **I. Dual Certification**

- A. Definition: Receiving/redeeming food benefits from two (2) programs/clinics in the same month.
- B. Dual certification constitutes a potential for fraud/abuse. Beginning-of-Day reports identify potential dual participation cases within the state. The local program receiving notification must research the potential dual case(s).
1. Obvious inconsistencies like clinic errors and twins are screened out. An initial contact is made between the local programs involved to determine if fraud exists or whether the case(s) are “false” duals.
  2. Information about the situation, including food benefits issued, clinics where food instruments were issued, dollar amount, county of participant residence, etc., must be included in the report.
- C. Once a dual participant is clearly identified (food benefits were received and cashed), the local WIC clinic takes steps outlined in “Participant Sanctions” (see below). And take necessary action.
- D. The local WIC Program will notify the State Office of a dual participant. Local WIC program staff will complete the WIC Participants Fraud Form and send it to the State WIC Agency

## **II. Participant Sanctions**

- A. The State WIC Agency determines uniform procedures and sanctions to be applied in cases of program abuse by participants or applicants. A sanction, which is based on the severity of the abuse, may range from education and warning letter to disqualification from the WIC program for a maximum of twelve months. See Table 1 for listing of abuses and corresponding sanctions.
- B. Participants or authorized representatives who misrepresent their circumstances in order to receive food benefits will be required to pay the cash value of improperly received benefits to the State WIC Office.
  - 1. Local WIC program staff will notify the State WIC Agency staff when a participant is suspected to improperly receiving WIC benefits.
    - a. Local WIC program staff will complete the WIC Participants Fraud Form and send it to the State WIC Agency
    - b. The local WIC program staff will provide the State WIC Agency all information regarding the participant and other family/household members that is requested.
    - c. The State WIC Agency will review the information and any redemption.
  - 2. If misrepresentation has occurred, the local WIC program staff will be notified of the outcome.
    - a. The participant will be notified in writing by the local WIC program staff of sanctions issued and the duration of any disqualification or suspension.
    - b. The participant will receive information about the right to a fair hearing including the timeframe and process of requesting one.
  - 3. If misrepresentation has occurred and benefits were issued, then in addition to sanctions being issued by the local WIC program staff, the State WIC Agency will pursue collection in cash from the participant of the improperly issued benefits.
    - a. Included in the written sanction notice (including the fair hearing information), will be the amount of the claim based on our information which must be repaid by the participant.
    - b. If full restitution has not been received or a payment plan developed and on track, follow-up contracts will be made every thirty (30) days.
    - c. State WIC Agency staff shall follow accepted DPHHS practice and applicable State law in pursuing cash recovery.
    - d. State WIC agency staff shall refer participants who abuse the WIC program to Federal, State or local authorities for prosecution under applicable statutes where appropriate.
  - 4. If no misrepresentation has occurred the local WIC Program will continue issuing benefits.

### **III. Other Participant Abuse**

- A. The local WIC Program will issue appropriate sanctions if the participant has abused the WIC Program as described in Table 1.
- B. Participant will be informed of their right to a fair administrative review including the timeframe and process of requesting one, if the sanctions include as adverse action.

### **IV. Mandatory Disqualification**

- A. The State Agency must disqualify the participant for one year (12 months) when
  - 1. A claim is assessed for misrepresentation;
  - 2. A claim is assessed for dual participation; or
  - 3. A second or subsequent claim for any amount is assessed on a participant.
- B. The State WIC Agency may allow an exception to disqualification. Exceptions to mandatory disqualification are:
  - 1. If within 30 days of receipt of the letter demanding repayment, full restitution is made or a repayment schedule is agreed on or, in the case of a participant who is an infant, child, or under age 18, and the State approves the designation of a proxy; and
  - 2. The State agency may permit a participant to reapply for the WIC Program before the end of a mandatory disqualification period if full restitution is agreed upon, or in the case of a participant who is an infant, child, or under age 18, and the State approves the designation of a proxy.

### **V. List of the types of Participant Abuse and the Sanctions**

- A. Following is a list of the types of participant abuse and the sanctions to be imposed on participants or applicants and their authorized proxies.

#### **WIC Program Abuse and Sanctions**

	<b>Abuses</b>	<b>Offense</b>	<b>Sanctions</b>
1	Knowing and deliberate misrepresentation of circumstances to obtain benefits: <ul style="list-style-type: none"> <li>◆ misrepresentation of income;</li> <li>◆ misrepresentation of residence;</li> <li>◆ misrepresentation of family size;</li> <li>◆ misrepresentation of health status</li> <li>◆ falsification of medical data or health status.</li> <li>◆ misrepresentation of actual date of birth so as: a) to appear to be categorically eligible, or b) to go undetected as a dual participant.</li> </ul>	1st	Twelve month disqualification from the WIC program.  Participants or authorized representatives will be required to pay the State WIC Agency in cash, the value of food benefits improperly received.  See Mandatory disqualification exception (above).

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NOTE: Participants can in fact be eligible in spite of their misrepresentation of circumstances. A participant, with an actual family size of 4, claims she has 5 in the family. Her proof of income makes a family of 5 or 4 eligible for benefits. In this case a warning letter must be given to the participant.			
2	Dual participation (redeeming food benefits from 2 programs/clinics in the same month).	1st	Immediate removal from one program/clinic and twelve month disqualification from the other program/clinic. See Mandatory disqualification (above).
3	Stealing WIC benefits from a local WIC clinic or other participant.	1st	Three month disqualification.
4	Physical abuse of WIC or food retailer staff or farmer.	1st Three month disqualification.	Three month disqualification.
5	Sale or exchange of supplemental food or WIC benefits to other individuals or entities, or to obtain cash refund for WIC foods.	1st	Three month disqualification
6	Receipt of, or attempt to receive from WIC food retailer, cash or credit toward purchase of unauthorized food or other items of value in lieu of, or in addition to, authorized supplemental foods.	1 <sup>st</sup> 2 <sup>nd</sup> 3rd	Education & Warning Letter. Three month disqualification. Twelve month disqualification.
7	Redeeming WIC benefits that were reported as lost or stolen.	1st 2nd	Three month disqualification. Twelve month disqualification.
8	Altering WIC benefits.	1st 2nd	Three month disqualification. Twelve month disqualification.
9	Purchasing, or attempting to purchase, food in excess of that authorized on the WIC check.	1 <sup>st</sup> 2nd 3rd	Education & Warning Letter. Three month disqualification. Twelve month disqualification.
10	Purchase, or attempt to purchase, unauthorized foods.	1st 2nd 3rd	Education & Warning Letter. Three month disqualification. Twelve month disqualification.

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11	Redeeming WIC benefits outside the valid date range.	1st	Education and warning letter (also monthly check pick-up may be appropriate).
		2nd	Three month disqualification.
		3rd	Twelve month disqualification.
12	Redeeming WIC benefit(s) at store not listed as an authorized WIC retailer.  It is the responsibility of the WIC participant to reimburse the retailer for the value of the WIC benefit.	1st	Education and warning letter.
		2nd	One month disqualification.
		3rd	Three month disqualification.
13	Verbal abuse or harassment of WIC or food retailer staff or farmer.	1st	Education and warning letter (change of retailer/authorized representative/proxy may also be appropriate).
		2 <sup>nd</sup>	Three month disqualification.
		3rd	Twelve month disqualification.
14	Threat of physical abuse of WIC or food retailer staff or farmer.	1st	Education and warning letter.
		2nd	Three month disqualification.
15	No signature on benefit – participant did not respond to clinic notification to return to store to sign benefit.	1st	Education & Warning Letter.

**VI. Participant Abuse and Sanctions**

- A. All offenses under this policy shall be kept on the participant's record for one year.
1. A repeated (2nd or 3rd) occurrence of an actual or attempted abuse within one year of the first offense warrants a second or third abuse sanction, whichever is appropriate, even if the latest abuse is unrelated to the previous abuse(s).
  2. For instance, a participant steals WIC benefits from a local WIC clinic (abuse #3). As a first offense, the participant will receive a three month disqualification. If within a one year period, this participant redeems WIC benefits for unauthorized foods (abuse #6), this constitutes a second offense. The participant would be disqualified for three months.

**NOTE:** The coordinator must attempt to discern whether the conduct of the food retailer staff may have provoked the authorized representative or proxy. The authorized representative or proxy has the right to complain about improper or discourteous treatment and shall not be penalized for making a legitimate complaint

Policy Number: 3-12  
Fair Hearing  
Effective Date: October 1, 2007

**Title:** Fair Hearings

**Purpose**

Participants may request a fair hearing because of an adverse action (suspension, termination, monetary claim etc).

**Authority**

7CFR 249.9

**Policy**

Program may request an administrative review (see Policy 3-9, Appeals by Local Program).

---

**Procedures**

**I. Introduction**

A fair hearing procedure shall be provided through which any individual may appeal a State or local agency action which results in a claim against the individual for repayment of the cash value of improperly issued benefits and/or results in the individual's denial of participation or disqualification from the WIC Program.

**II. State Agency Responsibilities**

- A. All requested fair hearings will be conducted by DPHHS within three weeks of the date the Department received the request for a hearing. Those requesting the hearing shall be notified in writing a minimum of ten days in advance of the time and place of the hearing and of the hearing procedure.
- B. The hearing will be conducted in accordance with 7 CFR 246.9 and Title 2, Chapter 4 of the Montana Code Annotated.
- C. The hearing shall be conducted by a fair and impartial hearing official and the appellant shall be notified in writing of the decision of the hearing official, and reasons for it, within 45 days of the receipt of the request for a fair hearing. All decisions shall be based on facts found in the hearing record, and the parties will be notified of their right to appeal the decision to District Court within 15 days.
- D. The hearing official's decision is binding on the State Office and local WIC program.
  - 1. If in favor of the appellant, program benefits shall begin for an applicant and continue for a participant within the 45 day limit.
  - 2. If the decision is in favor of the appellant and benefits were denied or discontinued, benefits shall begin immediately.
  - 3. If the decision concerns disqualification and is in favor of the WIC agency, as soon as administratively feasible, the local WIC program shall terminate any continued benefits, as determined by the hearing official.

4. If the decision regarding repayment of benefits by the appellant is in favor of the WIC agency, the State or local WIC program shall resume its efforts to collect the claim, even during pendency of an appeal of a local-level fair hearing decision to the State WIC Agency.
- E. All records of the hearing shall be retained in accordance with 7 CFR 246.18 and 7 CFR 246.25, and shall be available to the appellant or representative.

### **III. Local Agency Responsibilities**

- A. Informing each program applicant or participant of their fair hearing rights at initial and subsequent certifications. Appeal rights are provided at the time of a claim for repayment of the cash value of improperly issued benefits or denial of participation or disqualification.
- B. Written notification shall be made to:
  1. Applicants found ineligible. Documentation of the ineligibility must be kept in their file.
  2. Each participant found ineligible at any time during a certification period. Documentation must be kept in their file. The participant needs to be notified a minimum of 15 days prior to termination of program benefits. They must also be informed of their right to a fair hearing.
  3. The person against whom the collection of improperly issued benefits is undertaken. The reason(s) for the claim, the value of the improperly issued benefits and their right to a fair hearing shall be included in the notification.
  4. Each participant will receive notice at least 15 days before the expiration of each certification period that the period is about to end.
- C. Local programs, at the time of application or when notifying persons found ineligible of their right to a fair hearing, shall advise them of the method for requesting the hearing and their right to be represented at the hearing by a relative, friend, legal advisor, or other representative of their choice, and give them a summary of the hearing process.
- D. Local programs shall advise those found ineligible that they have up to 60 days from notification of ineligibility to request a fair hearing from the State Department of Public Health and Human Services. The request for hearing is defined as any clear expression by the individual, guardian or other representative that an opportunity to present its case to a higher authority is desired.
  1. If a hearing is requested within the 60 day period by participants found ineligible at any time during a certification period, benefits will be continued or reinstated until a decision is reached in accordance with 7 CFR246.9 or the certification period expires, whichever occurs first.
  2. Applicants who are denied benefits at initial or subsequent certifications shall not receive benefits while awaiting the hearing. Local programs should obtain legal counsel to represent the WIC program if a hearing is requested.
  3. Participants who become categorically ineligible during a certification period shall not receive benefits while awaiting a hearing and results.

E. A request for hearing shall not be dismissed or denied unless:

1. The request is not received within 60 days from notification of ineligibility;
2. The request is withdrawn in writing by the appellant; the appellant or appellant's representative fails, without good cause, to appear at the scheduled hearing;
3. The appellant has been denied participation by a previous hearing and cannot provide evidence that circumstances relevant to program eligibility have changed in such a way as to justify a hearing.

**Time Sequence for Fair Hearings**

<b>Step</b>	<b>Participant</b>	<b>State/Local Agency</b>
Participant is notified of ineligibility for WIC benefits.	Has 60 days to request a fair hearing. *	Local Agency must provide participant with Notice of Ineligibility and follow procedures outlined in WIC State Plan.
Participant requests a fair hearing to the State WIC Agency within 60 days.	Will receive 10 days written notice of time and place of the fair hearing within 3 weeks of request.	Local Agency obtains legal counsel to represent the WIC program at the hearing within 3 working days of receipt of the hearing request.
Fair hearing is held in the county where the participant resides.	Will receive the decision of the hearing official within 45 days of the original request.	Within 45 days the State Agency sends the participant the decision of the hearing official.
Participant appeals decision.	Request must be made to the District Court within 30 days of receipt of written notification of the decision.	State Agency notifies Legal Division of appeals request.

\*The participant who is terminated during a certification period and requests a fair hearing within 60 days of termination will continue receiving benefits until a hearing decision is made or the certification period expires. Applicants denied at initial certification, participants who become categorically ineligible during a certification period or whose certification period expires shall not receive benefits while awaiting a hearing and results.

Policy Number: 3-13  
Potential Dual Participation  
Effective Date: October 1, 2006

**Title:** Potential Dual Participation

**Purpose**

To prevent WIC participants from participating in more than one WIC program at a time.

**Authority**

7CFR 246.7(L)

**Policy**

It is the policy of the Montana WIC Program to follow-up and coordinate with border states and the commodity program to prevent dual participation.

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**Guidelines**

**I. Introduction**

A daily potential dual certification check is performed each night using new participant records which have been uploaded from the sites to the central Host computer. A monthly dual certification check is performed at the State WIC Office at the end of each month. All participants on the Host participant master file are analyzed to identify potential matches of all active participants.

**II. Process**

- A. In the daily check, all participants currently certified are compared and if any of the following conditions are met, all records that match are listed on the dual certifications report: the first and last name of the participants are the same, the birth date and first four characters of the last name are the same, the birth date and first four characters of the parent/guardian last name are the same.
- B. The information is grouped according to the clinic ID that generates the new participant ID. A copy of the data for each clinic grouping is downloaded to the clinic each night to be printed with the Beginning of Day report. Clinic personnel are responsible for following up on the information contained on their report.
- C. The monthly dual certification check is viewed as a centralized report for State Program personnel to use to monitor the dual participant resolution activity at the clinics. This report functions as a follow-up to the daily reports that have been generated for the past month. If the clinics have not resolved the dual certifications that appeared on the daily reports, the matches will appear on the monthly report.

**III. Action**

Once a participant is confirmed as participating in two or more clinics, steps outlined in this Policy 3-11 Participant Fraud/Abuse/Sanctions are implemented.

Policy Number: 3-14  
Coordination/Service  
Effective date: October 1, 2007

**Title:** Coordination of Program Operations with Other Services

**Purpose**

The WIC Program acts as a gateway to other health services. Coordination with these services is crucial to a successful interventional contact. Coordination may take the form of referral to other services or individual contacts with community leaders and groups.

**Authority**

7 CFR246.4(a)(8)

**Policy**

It is the policy of the Montana WIC Program to coordinate program operations with other services or programs that may benefit participants in, or applicants for, the program.

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**Guidelines**

**I. Referrals to Other Services**

- A. Local Agencies will routinely refer WIC participants to other community services that provide services appropriate to their needs.
1. Special counseling services and other programs include but are not limited to:

Alcohol and Drug Abuse Programs	Child Protective Services
Clinics, including Well-Child and KIDS COUNT (early and periodic screening, diagnosis and treatment programs)	Dental
DPHHS Immunization Program	Drug and Alcohol Treatment and Education Programs
Family Planning	Farm worker Organizations (with special emphasis on migrants)
Food Bank network	Health and Medical Organizations
Hospitals	MCH Programs, including block grants and case
Montana Hunger Coalition	Office of Public Instruction Homeless Education Project
Program Administration Unit (foster care)	Religious and Community Organizations in low income areas such as community action agencies, Headstart, Expanded Foods and Nutrition Education Program (EFNEP)
Schools	Social Service Agencies
Tribal Organizations and Agencies contacting off-reservations or landless Native Americans	Unemployment Offices

Welfare Programs, including Temporary Assistance to Needy Families (TANF), Food Stamps, and Medicaid	Etc.
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- B. General Public: The State WIC Agency has available public service announcements, brochures, posters, etc., which can be used by local WIC programs in their outreach campaigns.
- C. Health Professionals: Local WIC programs develop their own referral systems with the local health care providers.
- D. County Commissioners: Local and State WIC Agency personnel keep county commissioners informed of WIC by sharing results of the annual monitoring process.
- E. Community Agencies: Community organizations and agencies will be invited to future WIC workshops as they have been in the past. Contacts have been made with migrant organizations throughout the State and local WIC programs have been encouraged to work with these organizations.
- F. The State WIC Agency will contact the Montana Migrant and Seasonal Farm workers Council located at 2406 6th Avenue North, Billings, Montana 59102, annually to determine appropriate agencies to contact for outreach and referral. Provide the council with names, addresses, phone numbers and operation hours of all WIC clinics. Refer this information to local WIC programs and encourage contact with the Migrant Council in their area.
- G. Urban Indian Organizations: Ongoing efforts are being made to increase the participation of off-reservation Indians in existing WIC programs. One WIC clinic has been established in a health clinic serving urban Indian populations.

**II. Health Officers, Indian Health Service Unit Directors, etc.**

- A. Whenever possible, State WIC Agency personnel visit these persons during the biennial monitoring.
- B. Local WIC program staff is encouraged to make visits to these groups at least once annually to inform them of WIC successes in their area.

**III. Program Administration Unit**

- A. The State WIC Agency will coordinate with the Foster Care Child and Family Services Division by:
  - 1. Providing copies of the Montana WIC Program income guidelines, "Nutrition Program for Montana's Women, Infants, Children" brochure, a listing of WIC clinic phone numbers for various towns in Montana, and a "Dear Foster Parent" letter which includes information about acceptable proof of placement and how to receive benefits; and
  - 2. Offering local WIC program CPA's to provide information about the WIC Program to potential foster parents attending training sessions sponsored by the unit.

**IV. Substance Abuse Programs**

The State WIC Agency shall contact, on an annual basis, the three drug-alcohol intervention programs in the State that serve pregnant women. Information will be provided about WIC and the location of its clinics. Local WIC programs will be instructed to include these programs in their outreach and referral plan.

**V. Nutrition and Physical Activity Program (NAPA)**

- A. Participate in the Cardiovascular Health/obesity Prevention Task Force.
- B. Collaborate on breastfeeding promotions and support activities with NAPA to prevent obesity.

**VI. Eat Right Montana (ERM)**

- A. Participate in ERM activities.
- B. Disseminate Healthy Formulas Packet to local programs to use who appropriate. Participate in the Statewide Breastfeeding Coalition (subcommittee of ERM) to coordinate (collaborate) on activities for promotion and support of Breastfeeding in Montana.

Policy Number: 3-15  
Outreach  
Effective Date: October 1, 2006

**Title:** Outreach

**Purpose**

The State WIC Agency is responsible for coordination of outreach with all appropriate agencies and local agencies.

**Authority**

7CFR 246.4(a)(7)

**Policy**

It is the policy of the Montana WIC Program to coordinate outreach services with local WIC Agencies.

---

**Guidelines**

**I. State Agency Responsibilities**

The State Agency is responsible for coordinating the listed outreach/referral efforts with Local Programs.

**II. Press Releases**

- A. Develop annual press release statements and public service announcements for the Local WIC Programs to send to newspapers, radio and television stations in their areas at least once annually, or more often as needed.
- B. Press releases and announcements must include name and address of the Local WIC Program, eligibility criteria and information on program benefits which include supplemental foods, nutrition education, and access to on-going health care. In areas where maximum caseload has been reached, press releases will focus on maintenance of caseload and reaching high-risk participants.
- C. The press release(s) must also include information relating to the homeless, including participant eligibility criteria, location of local programs and the three conditions for participation by organizations and agencies serving homeless individuals. See Policy 5-5 Institutions and Homeless.
- D. The State WIC Agency will use other available media in outreach activities, such as newspapers, newsletters and radio.
- E. All Press Releases developed by the State or Local WIC Agencies will contain the Civil Rights Non-discrimination statement and the State 1-800 phone number or appropriate Local Agency phone number.

**III. Promotion of Services**

- A. Prepare and distribute posters, brochures and referral forms to local programs for use in enlisting new WIC participants, and in providing information to health professionals and allied services in their community.

- B. Provide local agencies with outreach and referral information and pamphlets about allied services such as Medicaid, Food Stamps and TANF eligibility, Child Support Payment Enforcement availability and Children's Health Insurance Plan (CHIP), Family Planning and Immunization programs.

#### **IV. Information Exchange**

- A. Inform State Food Stamp Program, TANF Program, Medicaid Program, Office of Public Instruction Homeless Education Project, Family Services, Food Bank Network, Community Health Centers, and Montana Hunger Coalition of WIC regulations regarding income guidelines and qualifications. Arrange State-wide effort to have local programs coordinate with local offices of the above programs. Forward outreach and referral information about allied services to appropriate local WIC program.
- B. Contact State MCH programs and encourage exchange of information on Program operations as an enhanced effort of improved services to mutual clients.

#### **V. Statewide Meetings and Workshops**

State Agency staff will attend appropriate Statewide meetings to present the WIC Program and the services it provides.

#### **VI. Local Agency Outreach/Referral Plans**

Review local WIC program "Outreach/Referral Plan" and monitor their efforts in meeting the goals of the outreach/referral plan.

#### **VII. Legislative Queries**

- A. Provide the Montana Congressional delegation information about WIC upon request.
- B. Provide the State policy makers with information about WIC's contribution to the health of women, infants and children.

#### **VIII. Breastfeeding Materials**

- A. Regularly mail breastfeeding related information to local programs. In the past, these mailings have included copies of:
  - 1. The National WIC Association's (NWA) Position Papers on Breastfeeding and The Role of Formula in WIC;
  - 2. Guidelines for Promotion and Support of Breastfeeding;
  - 3. Breastfeeding topic continuing education opportunities; and
  - 4. Activities planned for August (which Montana recognizes as Breastfeeding Promotion and Support Month).

#### **IX. Un-served Counties**

- A. Every effort will be made by State WIC staff to assure that all counties in Montana are served by WIC. Should a county lose service for any reason the State staff will contact (and maintain contact with) the health providers in the county without a contract to offer WIC program benefits.

- B. State staff will explain verbally and in writing the WIC program's operations in order to gain support for the implementation of WIC services.
- C. Local contacts will include governing officials (county commissioners, city and town officials); health providers (public health nurse, health officer, physicians); and other human service agencies (Medicaid, TANF, Food Stamps).
- D. The regional office of USDA will be requested to provide sufficient funds in Montana's annual grant to support this goal.

**X. Notice to the General Public**

- A. On the first Sunday in May of each year, the Montana WIC Program shall publish in the Sunday edition of seven major newspapers in the State a public notice requesting comment on the development of the State WIC Plan for the upcoming fiscal year.
- B. The published notice for WIC comments shall include a statement to the effect that copies of existing State plans are available at local WIC offices or by contacting the Nutrition Section Supervisor.
- C. This notice shall allow comments to be received in writing up to the close of business on May 31. Such comments should be addressed to the Nutrition Section Supervisor, Health Policy and Services Division, Department of Public Health and Human Services, Cogswell Building, PO Box 202951, Helena, MT 59620-2951.
- D. The Nutrition Section Supervisor shall receive and review each written comment and acknowledge receipt of same to the sender within 10 days of receipt. A record of comments received and acknowledged shall be included as an appendix in the final approved State WIC Plan.
- E. The Nutrition Section Supervisor shall incorporate such comments as deemed appropriate.

**Title:** Targeting Benefits

**Purpose**

The state WIC agency will use outreach programs to reach potentially the most high risk participants.

**Authority**

7CFR 247.4(5)(I) & (II)

7CFR 247.4 (a) (5) (I) & (II), (7) (18)

**Policy**

It is the policy of the Montana WIC Program to provide WIC services to the most high risk participants. Outreach and advertising will focus on reaching high risk potentially eligible participants.

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**Guidelines**

**I. Introduction**

Outreach through networking with agencies, groups and individuals will be the preferred method of targeting benefits.

**II. Methods of Targeting Benefits**

- A. The State WIC Agency, recognizing the importance of Agency/Program cooperation, will continue to use available opportunities to educate other health professionals to WIC services and benefits.
- B. The State WIC Agency, along with the Local WIC Programs, will provide agencies, organizations and offices in the outreach network with materials describing WIC and its locations and the locations of agencies serving the homeless.

**Title:** Monitoring

**Purpose**

The State WIC Agency monitors all local WIC Agencies to assure compliance with Federal Regulations and State Policies and Procedures, local program nutrition education plans, as well as evaluate program quality and provide assistance to facilitate program improvement.

**Authority**

7CFR

**Policy**

It is policy of the State WIC Agency to assure that all local agencies provide effective and quality program for clients.

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**Procedures**

**I. Introduction**

The State Agency staff will perform on-site reviews of all local programs biennially at a minimum of 25% of their clinics. These visits will determine compliance with Federal Regulations and State Policies and Procedures, local program nutrition education plans, as well as evaluate program quality and provide assistance to facilitate program improvement.

**II. State Agency Responsibilities**

- A. State Agency shall inform USDA of unresolved problems, delays or adverse conditions.
- B. The State Agency shall provide technical assistance and training to local programs when necessary and applicable for resolution of monitoring recommendations.
- C. State Agency staff, consisting of a Nutritionist and a Program Specialist, visits the local WIC program to review records with local WIC program staff.
- D. The Monitoring Worksheet sets forth the questions that will be used to review the WIC records.
- E. A schedule for the entire 12-month period of the Federal Fiscal Year will be prepared by October. This tentative schedule is based on past years experience in terms of weather and efficient use of travel time, however, it is subject to change. The needs and schedules of each local agency are usually accommodated.

**III. Federal Office Responsibilities**

The Regional Office of USDA will perform a management evaluation of the State WIC Agency as needed which includes on-site visits to a representative number of local programs.

**IV. Local Program Responsibilities**

- A. The local WIC program shall maintain the required records for each participant.
- B. The local WIC program records shall be available to State and Federal agencies for monitoring.
- C. The local WIC program shall respond and follow-up on recommendations made by the Federal or State WIC Agency as a result of a monitoring visit.

**V. Monitoring Procedures**

- A. The State Agency staff conducts an entrance interview with local WIC program personnel before the monitoring.
- B. A representative sampling of participant records is selected and reviewed.
- C. The State staff conducts an exit interview with the appropriate local WIC program staff and gives a verbal report of its findings. A discussion of improvement from past visits, resolutions of problems, non-compliance and/or revisions in procedures is appropriate during this interview.
- D. Within 60 days after the visit, a written report of the State WIC Agency's findings and recommendations are sent to:
  - 1. Local Health Officer/County Commissioners; and
  - 2. Local WIC program CPA and/or Program Manager.
- E. Within 60 days after receipt of the monitoring findings, the local WIC program shall respond in writing, with a plan of action stating how and when corrections, revisions or compliance have been or will be accomplished.
- F. If the local WIC program's corrective action plan is deemed appropriate, and no further actions for correction are needed, the State WIC Agency will acknowledge in writing that the local WIC program's response is acceptable.
- G. If major areas of concern remain uncorrected or are not addressed in the corrective action plan, a follow-up visit may be scheduled.

**VI. Nutrition Services Review**

- A. Local WIC program operations are evaluated for nutrition services compliance against current Federal and State regulations.
- B. Charts are reviewed and the environment and clinic procedures are observed.
- C. This visit also serves as an assessment by the State team of training needs of local staff.

**VII. Administrative Review**

- A. The administrative team member will review the client files for complete documentation of income and current Certification and Eligibility form; conduct a visual site review for space, security, privacy, etc.; and verify inventory.
- B. The administrative team member will also review original documents (timesheets/cards for WIC employees, telephone bill and how it is distributed among programs, bills for office supplies, rent, etc.). If rent is distributed among programs,

written justification for the plan or method used will need to be available. A general guide is that the “paper trail” of expenses claimed must be easy and convenient to follow.

**VIII. Local Program Review of their Operations**

- A. Federal Regulations require that each WIC agency establish a system by which they review their own program operations and that of their satellites annually.
- B. The local WIC program may use the State’s Clinic Observation Form, a modification thereof, or a system which they develop to review their program operations.
- C. Local programs shall maintain results of their reviews on file for review by the State team during the biennial monitoring visit.

**IX. Local Program Review of State Agency Operations**

- A. Local WIC program staff complete the report. It is not necessary that this report be signed.
- B. Once each year, by September 1, the report is sent to the State Office. The State Office will summarize and send the results to local programs for their information. The State WIC Agency will also list how they will meet suggestions for improvement.
- C. This review helps the State Agency determine what services are needed by local programs.

**X. Attached Forms**

For current monitoring forms see:

- A. The Local Agency Monitoring Worksheet (Attachment C).
- B. Clinic Observation Form (Attachment D).
- C. Evaluation of State WIC Agency Services (Attachment E).
- D. Participant Survey (Attachment F).

Policy Number: 3-18  
Time Studies  
Effective/Revised Date: June 1, 2006

**Title:** Time Studies

**Purpose**

Cost data on WIC program activities is needed to demonstrate that nutrition services and administrative costs do not consist disproportionately of administrative overhead.

**Authority**

USDA Policy Memorandum WC-02-08-P, Cost Allocation Guide Revision

**Policy**

Staff in the State and Local Agencies shall continuously generate documentation that supports 100% of the distribution of time and effort for employees who are engaged in multiple programs or cost objectives. Time reporting must specifically be tracked in the four following categories: Nutrition Education, Breastfeeding Promotion, Client Administration and General Administration.

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**Definitions**

Nutrition Education: Individual or group education sessions and the provision of information and educational materials designed to improve health status, achieve positive change in dietary habits, and emphasize relationships between nutrition and health, all in keeping with the individual's personal, cultural, and socioeconomic preferences.

Breastfeeding Promotion: Strategies, initiatives, and services to encourage and increase the initiation and support the duration of breastfeeding among WIC participants. Breastfeeding promotion and support is considered a type of WIC nutrition education.

Client Services: Answering phones, reminder calls, clinic set up and sanitization, WIC eligibility, WIC education, weight/height, data entry, appointment(s)/book, WIC eligibility (certification/phone call/walk in) and education, check education and set up, benefit issuance, addressing mail; Communication (Emails, Phone Calls, Correspondence/Letters); Trouble shooting check problems; Outreach/regional travel for client services; Participant Vendor Counseling; WIC Marketing Activities; WIC Survey Tallying; Client Service Education and Travel; Referral Material Development

General Administration: Reviewing emails, policies, fiscal reports, annual budgets, month end reports, inventory and security, time studies; Communication (Emails, Phone Calls, Correspondence/Letters); Personnel, management issues, staff supervision, staff scheduling, payroll issues, program planning, chart audits; Outreach/Regional Travel-Admin; Administration education, training, travel; Vendor activities.

**Procedures**

**I. Report Months**

- A. Local agency staff will complete a time study for the following months: October, January, April and July.

## **II. Report Method**

You may keep your time study manually (pencil & calculator) or electronically (Excel).

- A. If you choose to keep records electronically, you may enter the information on the computer in your file and save it, or you may print out each day's spreadsheet and keep a record manually of each day's activities, then transfer the information over to your Excel File. Transferring daily activities from manual records to the computer file may be done at the end of each day, at the end of each week, or at the end of each month using your hard copies. These hard copies need to be saved in your office for a three (3) year period.**

## **III. Electronic Method (Excel)**

- A. From the email (or disk) provided by the State WIC office, open the attached documents by right clicking on the icon and then left clicking on "OPEN".
- B. Please create a master file of each document by saving them to c:\wic\excel\ (Filename).
- C. Please save a master file of the Instructions, CPA Time Study, and WIC Aide (or whatever name your agency uses for administrative staff) Time Study.
- D. Open your Excel file.
- E. Click on the first tab labeled "Summary Time Sheet"; enter your name and the month/year of the time study.
- F. EACH DAY OF THE MONTH has a separate tab, so you will keep a record for each day worked.
  - 1. For example, if you worked on July 1st, you will click on the tab labeled "Day 1" and enter your time in minutes of tasks/activities. Since July 3-4 is the weekend and July 5 is a holiday, you will not enter any information on Day 3, Day 4, or Day 5.
- G. If you take annual/sick leave, do not record that time. Also, do not record breaks or lunch.
  - 1. For example, if you take two, fifteen (15) minute breaks on a given day, you will only report your time worked less 15 minutes per break (i.e. You typically work an 8-hr day and take 2, 15-min. breaks, so your recorded time worked would be 7 ½ hours)
- H. Note: If you would like to add more tasks/activities, and they are not on this spreadsheet, you may enter more items under "Day 1" in the blank description areas. This new information will automatically be added to each day of the month.
- I. For each day worked, click on the tab for that particular day (i.e. July 22 would be "Day 22").
- J. Enter the amount of time in minutes spent on each activity by category, under the column labeled "Min." next to the appropriate description of the activity/task.
  - 1. For example, if an Aide worked 4 hours on answering phones, reminder calls, etc., she would enter 240 minutes in the column next to that category. Make sure to convert hours to minutes (# hours X 60 Min.) Then, she worked 1 hour

on the newsletter, so she would type a description in a blank cell under the appropriate category, in this case “Client Serv” and she would enter 60 under the “Min” column next to the Newsletter description.

2. As another example, a CPA spent 300 Minutes (5 Hours) counseling on nutrition education, so she would enter 300 next to the appropriate description/category. She also spent 120 minutes working on a Vitamin A article for the newsletter, so she would enter 120 min. next to the corresponding category/description.
- K. If you traveled to a satellite site, just enter the total amount of minutes of travel (including pack-up/loading time) in the designated box at the top left of the spreadsheet. The breakdown % will automatically be calculated based upon a weighted average percent determined by the state office.
  1. For example, on July 1, a CPA traveled 120 minutes (2hrs) to a satellite clinic, so she would enter 120 in the designated box. The spreadsheet will automatically calculate the minutes for each category breakdown.
- L. Make sure to do a time study for only days worked. (Do not account for leave taken, weekends, or holidays).
  1. For example, if you took annual leave July 2, do not enter anything on this day. Say you returned to work July 6, you would click on the tab labeled “Day 6”. Enter your time in minutes for each activity accordingly.
- M. The only calculation you will need to do is converting hours to minutes. Make sure you enter all of your time in MINUTES. These spreadsheets will calculate everything for you in hours and automatically carry the information to the “Summary” sheet. The only information you will be able to add on the Summary Sheet is your name and month/year of the time study.

#### **IV. Manual Method**

- A. **If you choose to keep records manually, please print out each day in the spreadsheet (Day 1-Day 31) and the summary page. IT IS ENCOURAGED THAT YOU TRANSFER YOUR INFORMATION INTO THE EXCEL FILE TO EXPEDITE THE REPORTING PROCESS.**
- B. **Once all 31 days are printed, please mark out those days that are not days in the workweek (i.e. holiday, weekends, Leave Time).**
- C. **Under the appropriate category and description, record the time spent on activities in minutes. For travel to satellite or outlying sites, calculate the breakdown percent by using the following percentages:**
- D. **CPAs: Client Services 52%, Nutrition Education 23%, Breastfeeding 4%, Administration 21%;**
- E. **Aides: Client Services 70% and Administration 30%.**
- F. **Then, calculate each category total in hours and transfer the information to the summary sheet and total the summary sheet. (This method may be more time consuming.)**

#### **V. Submission Deadlines**

- A. This spreadsheet must be submitted to the state office no later than the 5th of the following month.

**VI. Semi-Annual Single Cost Object Certification**

- A. Montana State WIC Staff will complete the “Semi-Annual Single Cost Object Certification” form yearly (October and March) and submit the signed form to the Regional Office. This signed form is the time study for persons who work 100% of their time in only one WIC cost objective.